

FEC FORM 2 STATEMENT OF CANDIDACY



1. (a) Name of Candidate (in full) MIKE GRAV	/EL. 2006 APR 14 P 12:
(b) Address (number and street)	2. Identification Number
(c) City, State, and ZIP Code ARLINGTON VA 23209 4. Party Affiliation 5. Office Sought	3. Is This New Amended Statement (N) OR (A) State & District of Candidate
4. Party Affiliation 5. Office Sought PRESIDENT	, State & District of Cariologic
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE	
7. I hereby designate the following named political committee as my Principal Ca	mpaign Committee for the <u>AOOS</u> election(s). (year of election)
NOTE: This designation should be filed with the appropriate office listed in the	Instructions.
(a) Name of Committee (in full) MIKE GRAVEL FOR PRI	ESIDENITE MODE
(b) Address (number and street)	-0102101 4003
1600 NO. OAK ST. #1	412
(c) City, State, and ZIP Code	2.00
ARLINGTON VA 22	209
DESIGNATION OF OTHER AUTI	· · · · · · · · · · · · · · · · · · ·
(Including Joint Fundralsing 8. I hereby authorize the following named committee, which is NOT my principal candidacy.	
NOTE: This designation should be filed with the principal campaign committee	
(a) Name of Committee (in full)	· · · · · · · · · · · · · · · · · · ·
(b) Address (number and street)	<u> </u>
	<u> </u>
(c) City, State, and ZiP Code	·
· · · · · · · · · · · · · · · · · · ·	
DECLARATION OF INTENT TO EXPEND PERS 9. Lintend to expend personal funds exceeding the threshold amount (see 11 C.)	-
9A () () () () () () () () () (
98 (for the general election.
If you do not intend to expend personal funds exceeding the threshold amoun	t for either election, you must enter "0.00" for each.
I certify that I have examined this Statement and to the best of m Signature of Candidate	y knowledge and belief it is true, correct and complete. Date
Tuke hand	APRIL 13, 2006
NOTE: Submission of false, emoneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.	
FE3ANG39.PDF	FEC FORM 2 (REV. 02/2003)